



DEPARTMENT OF THE NAVY

COMMANDER
NAVY REGION, MID-ATLANTIC
6506 HAMPTON BLVD.
NORFOLK, VA 23508-1273

IN REPLY REFER TO:

COMNAVREG MIDLANT
INST 1770.2 CH-1
N12
08 AUG 2003

COMNAVREG MIDLANT INSTRUCTION 1770.2 CHANGE TRANSMITTAL 1

Subj: FUNERAL HONORS SUPPORT (FHS) PROGRAM WITHIN THE MID-ATLANTIC REGION

Ref: (a) COMNAVREGMIDLANT INST 1770.1 CH-1

Encl: (1) Funeral Honors Data Collection form

1. Purpose. To publish Change 1 to the basic instruction.

2. Action.

a. Make the following pen and ink changes:

(1) Page 1 of the basic instruction, paragraph 2, line three, change the word Programs to: instructions. Add a sentence at the end: Change 1 to reference (a) dictates the reporting requirement for Casualty Assistance/Funeral Honors Support Program.

(2) Page 3 of basic instruction, paragraph 7, Reports: Remove: a.(1) through (7). Add: Follow format from enclosure (1) paragraph 8 with Ch-1.

b. Replace enclosure (1) for enclosure (2) of basic instruction. Enclosure (1) was revised to include question #13 requesting round trip mileage for each funeral.

G. E. EICHERT
Chief of Staff

Distribution: www.cnrma.navy.mil

08 AUG 2003

Last name of deceased: _____

Person completing this form: _____

Telephone number (COMM/DSN): _____

FUNERAL HONORS DATA COLLECTION

SOCIAL SECURITY NUMBER OF DECEASED _____

DATE OF FUNERAL (DDMMYYYY) _____

PART I

1. Date of request for Funeral Honors (DDMMYYYY) _____
2. Unit Identification Code (UIC) of unit providing the honors _____
3. State where funeral takes place (2 digit Postal Abbreviation) _____
4. Place of Interment/Inurnment:

☐ National Cemetery
☐ Base/Post Cemetery

☐ State Cemetery
☐ Arlington National Cemetery

☐ Private Cemetery
☐ Other (include burial at sea)
Specify: _____

5. Status of Deceased

☐ Active Duty
☐ Retired from Active Duty

National Guard

☐ Active Duty
☐ Not on Active Duty
☐ Retired

Reserve

☐ Active Duty
☐ Not on Active Duty
☐ Retired

☐ Veteran (member who served in, but did not retire from, the military)

6. Rank of Deceased

<input type="checkbox"/> E-1	<input type="checkbox"/> E-2	<input type="checkbox"/> E-3	<input type="checkbox"/> E-4	<input type="checkbox"/> E-5
<input type="checkbox"/> E-6	<input type="checkbox"/> E-7	<input type="checkbox"/> E-8	<input type="checkbox"/> E-9	
<input type="checkbox"/> W-1	<input type="checkbox"/> W-2	<input type="checkbox"/> W-3	<input type="checkbox"/> W-4	<input type="checkbox"/> W-5
<input type="checkbox"/> O-1	<input type="checkbox"/> O-2	<input type="checkbox"/> O-3	<input type="checkbox"/> O-4	<input type="checkbox"/> O-5
<input type="checkbox"/> O-6	<input type="checkbox"/> O-7	<input type="checkbox"/> O-8	<input type="checkbox"/> O-9	<input type="checkbox"/> O-10

7. Parent Service/Component of Deceased

☐ Army
☐ Coast Guard

☐ Navy
☐ Army Air Corps/
Army Air Force

☐ Air Force
☐ Merchant
Marine

☐ Marine Corps
☐ Other (specify): _____

IF NO HONORS WERE PROVIDED, GO TO QUESTION #14.